

## CLASS C REINSTATEMENT FORM

## File the original with:

Public Service Commission of South Carolina  
Clerk's Office  
Motor Carrier Matters  
P.O. Box 11649  
Columbia, S.C. 29211  
(803) 896 - 5100  
FAX (803) 896-5199

## Mail or fax a copy to:

S.C. Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, S.C. 29201  
(803) 737-0578  
FAX (803) 737-0815

DATE: 05-15-2013

Please consider this an application for Reinstatement of my:

- ☐ Taxi Certificate Number \_\_\_\_\_
- ☒ Charter Certificate Number 8123
- ☐ Charter Bus Certificate Number \_\_\_\_\_
- ☐ Non-Emergency Certificate Number \_\_\_\_\_

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MAY 16 2013

**TRANS DEPT**My certificate was revoked/cancelled on \_\_\_\_\_ because ANNUAL REPORT  
(DATE)I am seeking reinstatement because I HAVE SUMMITTED THE ANNUAL REPORTSERENITY TRANSPORTATION, LLC

(Name of Company)

DBA \_\_\_\_\_

(If applicable)

8412 JACKSONBORO RD

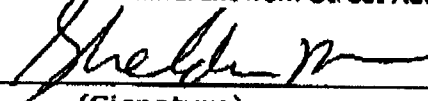
(Street Address)

P.O BOX 1053WALTERBORO, SC 29488

(Mailing Address if different from Street Address)

ROUND O, SC 29474

(City, State, Zip Code)



(Signature)

843-217-3162

(Telephone Number)



(Title) Owner, President, etc.

# Transportation CARRIER ANNUAL REPORT

HOUSEHOLD GOODS & HAZARDOUS WASTE CARRIERS

OF

3 STAR TRANSPORT, LLC

*Certificate Name changed 5-8-12 To Serenity Transportation*  
Exact Legal Name of Respondent *LLC*

*8123-A*

PSC/ORS Number (leave blank)

*5-16-13 Carrier applying for Reinstatement*

**FOR THE YEAR ENDED 2011**

☒ Calendar Year Ending December 31, 2011

or

☐ Fiscal Year Ending \_\_\_\_\_



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MAY 16 2013

TRANS DEPT